

13

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF MICHIGAN

ERNAETTE KIM BROLIN  
21690 CLOVELLWOOD PARK MI 48037

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Case: 2:17-cv-10751  
Assigned To: Drain, Gershwin A.  
Referral Judge: Whalen, R. Steven  
Assign. Date: 3/8/2017  
Description: CMP KIMBROUGH v. CHARTWELLS/COMPASS GROUP USA INC. (SO)

Jury Trial:  Yes  No  
(check one)

v. CHARTWELLS/Compass Group USA, Inc  
21107 WEST 14 MILE ROAD, BIRMINGHAM, MI 48071

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

**Complaint for Employment Discrimination**

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	<u>BERNADETTE KIMBROUGH</u>
Street Address	<u>21690 CLOVERLAWN</u>
City and County	<u>OAK PARK MI 48237 OAKLAND</u>
State and Zip Code	<u>MI 48237</u>
Telephone Number	<u>248 259-9968 or 313 241-4933</u>
E-mail Address	<u>Glorkey28@yahoo.com</u>

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

## Defendant No. 1

Name	<u>DEBBIE</u>
Job or Title (if known)	<u>SCHOOL SECRETARY</u>
Street Address	<u>21707 WEST 14 MILE ROAD</u>
City and County	<u>Beverly Hills MI 48025 OAKLAND</u>
State and Zip Code	<u>MI 48025</u>
Telephone Number	<u>248 203-4700</u>
E-mail Address (if known)	<u></u>

## Defendant No. 2

Name	<u>STACEY</u>
Job or Title (if known)	<u>MANGAN</u>
Street Address	<u>21707 WEST 14 MILE ROAD Beverly Hills</u>
City and County	<u>OAKLAND</u>
State and Zip Code	<u>MI 48025</u>
Telephone Number	<u>248 203-4700</u>
E-mail Address (if known)	<u></u>

Defendant No. 3

Name Patrick Gump  
Job or Title (if known) Supervisor  
Street Address 21707 WEST 14 mile Road Beverly Hills  
City and County Beverly Hills OAKLAND  
State and Zip Code MI 48025  
Telephone Number 248 203-4700  
E-mail Address (if known) ,D

Defendant No. 4

Name CLIAM'S WORKMAN CO  
Job or Title (if known) Josh - Company  
Street Address SETHURM HIGH SCHOOL Birmingham  
City and County 21707 WEST 14 mile Road Beverly Hills  
State and Zip Code Beverly Hills OAKLAND  
Telephone Number MI 48025  
E-mail Address (if known) 248 203-4700

**C. Place of Employment**

The address at which I sought employment or was employed by the defendant(s) is:

Name Bernadette Kinnan  
Street Address ██████████ 21707 WEST Beverly Hills  
City and County ██████████ Beverly Hills  
State and Zip Code ██████████ MI 48025  
Telephone Number ██████████ 248 203-4700

## II. Basis for Jurisdiction

This action is brought for discrimination in employment pursuant to (*check all that apply*):



Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

*(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*



Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

*(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)*



Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

*(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*



Other federal law (*specify the federal law*):



Relevant state law (*specify, if known*):



Relevant city or county law (*specify, if known*):

### III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes (*check all that apply*):

- Failure to hire me.
- Termination of my employment.
- Failure to promote me.
- Failure to accommodate my disability.
- Unequal terms and conditions of my employment.
- Retaliation.
- Other acts (*specify*):

*Failure to Treat me respect, Smaking Harrassment,*

*(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)*

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)

05-07-2015 12-14-2016

C. I believe that defendant(s) (*check one*):

- is/are still committing these acts against me.
- is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my (*check all that apply and explain*):

- race \_\_\_\_\_
- color \_\_\_\_\_
- gender/sex \_\_\_\_\_
- religion \_\_\_\_\_
- national origin \_\_\_\_\_
- age. My year of birth is \_\_\_\_\_. (*Give your year of birth only if you are asserting a claim of age discrimination.*)
- disability or perceived disability (*specify disability*)  
Lower disc - Depress

E. The facts of my case are as follows. Attach additional pages if needed.

*(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)*

#### IV. Exhaustion of Federal Administrative Remedies

A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on (date)

B. The Equal Employment Opportunity Commission (check one):

has not issued a Notice of Right to Sue letter.  
 issued a Notice of Right to Sue letter, which I received on (date)

*02/07/2017*  
(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)

C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct (check one):

60 days or more have elapsed.  
 less than 60 days have elapsed.

#### V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages. Attach additional pages if needed.

## VI. Certification and Closing

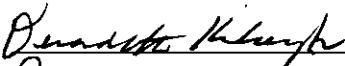
Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

### A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing Bernadette K. Lang, 2017 <sup>3-8</sup>.

Signature of Plaintiff



Printed Name of Plaintiff

BERNADETTE K. LANG

Additional Information:

Compass Corp USA, Inc  
I AM ASKING COMPASS CORP USA, INC  
To PAY 1,000,000 for pain suffering.  
And to paid from time I was fire me. Also my benefits back  
with the company until I find another job. Also holding paid  
because they gave me a nervous breakdown. Then the company  
hiring a work related close head injury fail to take me to doctor  
21 days later.

## CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To: Agency(ies) Charge No(s):

 FEPA EEOC

471-2017-00857

## Michigan Department Of Civil Rights

and EEOC

State or local Agency, if any

Name (indicate Mr., Ms., Mrs.)

Bernadette Kimbrough

Home Phone (Incl. Area Code)

(248) 259-9968

Date of Birth

1963

Street Address

City, State and ZIP Code

21690 Cloverlawn, Oak Park, MI 48237

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name	No. Employees, Members	Phone No. (Include Area Code)
CHARTWELLS/COMPASS GROUP USA, INC.	500 or More	(248) 203-4700

Street Address

City, State and ZIP Code

21707 West 14 Mile Road, Beverly Hills, MI 48025

Name	No. Employees, Members	Phone No. (Include Area Code)
------	------------------------	-------------------------------

Street Address

City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate box(es).)

DATE(S) DISCRIMINATION TOOK PLACE

Earliest

Latest

05-07-2015

12-14-2016

<input checked="" type="checkbox"/> RACE	<input type="checkbox"/> COLOR	<input type="checkbox"/> SEX	<input type="checkbox"/> RELIGION	<input type="checkbox"/> NATIONAL ORIGIN
<input type="checkbox"/> RETALIATION	<input type="checkbox"/> AGE	<input checked="" type="checkbox"/> DISABILITY	<input type="checkbox"/> GENETIC INFORMATION	
<input type="checkbox"/> OTHER (Specify)				

 CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

I began my employment with the above referenced employer on or about April 13, 2015. My most recent position was Cook. The above referenced employer was aware of my disability.

During my employment, I was subjected to harassment. I was also subjected to unwarranted disciplinary actions, most recently on or about November 1, 2016. Ultimately, on or about December 14, 2016, I was discharged.

I believe I have been subjected to harassment, discipline and discharge due to my race, African American, in violation of Title VII of the Civil Rights Act of 1964, as amended, and due to my disability, in violation of the Americans with Disabilities Act of 1990, as amended.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

NOTARY - When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

E. Kimbrough	NOTARY PUBLIC - STATE OF MICHIGAN
SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE 8-14-2017	
(month, day, year)	
My Commission Expires: 3-31-19	
Acting in the County of OAKLAND	

x 1-12-2017

x Bernadette Kimbrough

Date

Charging Party Signature

8-14-2019

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

<b>I. (a) PLAINTIFFS</b> <div style="display: flex; align-items: center;"> <span style="font-size: 2em; margin-right: 10px;">X</span> <div style="flex-grow: 1;"> <p>DEBORAH K. BROWN 21690 CLOVERLAWN OAKLAND MI 48237</p> </div> </div> <b>(b) County of Residence of First Listed Plaintiff</b> <u>OAKLAND</u> <small>(EXCEPT IN U.S. PLAINTIFF CASES)</small>		<b>DEFENDANTS</b> <div style="display: flex; align-items: center;"> <span style="font-size: 2em; margin-right: 10px;">X</span> <div style="flex-grow: 1;"> <p>WANTWELL/COMPASS/Group USA Inc 21707 WEST 14 MILE ROAD, PEGGY HILLMAN OAKLAND</p> </div> </div> <b>County of Residence of First Listed Defendant</b> <u>OAKLAND</u> <small>(IN U.S. PLAINTIFF CASES ONLY)</small> <small>NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.</small>																																																																																																																																																											
<b>(c) Attorneys (Firm Name, Address, and Telephone Number)</b>		<b>Attorneys (If Known)</b>																																																																																																																																																											
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Slander         </td> <td style="text-align: center;"> <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability         </td> <td style="text-align: center;"> <input type="checkbox"/> 820 Copyrights         </td> </tr> <tr> <td style="text-align: center;"> <input type="checkbox"/> 150 Recovery of Overpayment &amp; Enforcement of Judgment         </td> <td style="text-align: center;"> <input type="checkbox"/> 330 Federal Employers' Liability         </td> <td style="text-align: center;"> <input type="checkbox"/> 370 Other Fraud         </td> <td style="text-align: center;"> <input type="checkbox"/> 830 Patent         </td> </tr> <tr> <td style="text-align: center;"> <input type="checkbox"/> 151 Medicare Act         </td> <td style="text-align: center;"> <input type="checkbox"/> 340 Marine         </td> <td style="text-align: center;"> <input type="checkbox"/> 371 Truth in Lending         </td> <td style="text-align: center;"> <input type="checkbox"/> 840 Trademark         </td> </tr> <tr> <td style="text-align: center;"> <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans)         </td> <td style="text-align: center;"> <input type="checkbox"/> 345 Marine Product Liability         </td> <td style="text-align: center;"> <input type="checkbox"/> 380 Other Personal Property Damage         </td> <td style="text-align: center;"> <input type="checkbox"/> 375 False Claims Act         </td> </tr> <tr> <td style="text-align: center;"> <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits         </td> <td style="text-align: center;"> <input type="checkbox"/> 350 Motor Vehicle         </td> <td style="text-align: center;"> <input type="checkbox"/> 385 Property Damage Product Liability         </td> <td style="text-align: center;"> <input type="checkbox"/> 376 Qui Tam (31 USC 3729(a))         </td> </tr> <tr> <td style="text-align: center;"> <input type="checkbox"/> 160 Stockholders' Suits         </td> <td style="text-align: center;"> <input type="checkbox"/> 355 Motor Vehicle Product Liability         </td> <td style="text-align: center;"> <input type="checkbox"/> 710 Fair Labor Standards Act         </td> <td style="text-align: center;"> <input type="checkbox"/> 400 State Reapportionment         </td> </tr> <tr> <td style="text-align: center;"> <input type="checkbox"/> 190 Other Contract         </td> <td style="text-align: center;"> <input type="checkbox"/> 360 Other Personal Injury         </td> <td style="text-align: center;"> <input type="checkbox"/> 720 Labor/Management Relations         </td> <td style="text-align: center;"> <input type="checkbox"/> 410 Antitrust         </td> </tr> <tr> <td style="text-align: center;"> <input type="checkbox"/> 195 Contract Product Liability         </td> <td style="text-align: center;"> <input type="checkbox"/> 362 Personal Injury - Medical Malpractice         </td> <td style="text-align: center;"> <input type="checkbox"/> 740 Railway Labor Act         </td> <td style="text-align: center;"> <input type="checkbox"/> 430 Banks and Banking         </td> </tr> <tr> <td style="text-align: center;"> <input type="checkbox"/> 196 Franchise         </td> <td></td> <td style="text-align: center;"> <input type="checkbox"/> 751 Family and Medical Leave Act         </td> <td style="text-align: center;"> <input type="checkbox"/> 450 Commerce         </td> </tr> <tr> <td style="text-align: center;"> <input type="checkbox"/> 210 Land Condemnation         </td> <td style="text-align: center;"> <input type="checkbox"/> 440 Other Civil Rights         </td> <td style="text-align: center;"> <input type="checkbox"/> 790 Other Labor Litigation         </td> <td style="text-align: center;"> <input type="checkbox"/> 460 Deportation         </td> </tr> <tr> <td style="text-align: center;"> <input type="checkbox"/> 220 Foreclosure         </td> <td style="text-align: center;"> <input type="checkbox"/> 441 Voting         </td> <td style="text-align: center;"> <input type="checkbox"/> 791 Employee Retirement Income Security Act         </td> <td style="text-align: center;"> <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations         </td> </tr> <tr> <td style="text-align: center;"> <input type="checkbox"/> 230 Rent Lease &amp; 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ORIGIN</b> (Place an "X" in One Box Only)       </td> <td colspan="2"> <b>CIVIL RIGHTS</b> </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> 1 Original Proceeding       </td> <td colspan="2"> <input type="checkbox"/> 2 Removed from State Court       </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> 3 Remanded from Appellate Court       </td> <td colspan="2"> <input type="checkbox"/> 4 Reinstated or Reopened       </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> 5 Transferred from Another District (specify)       </td> <td colspan="2"> <input type="checkbox"/> 6 Multidistrict Litigation       </td> </tr> <tr> <td colspan="2"> <b>VI. 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PURSUANT TO LOCAL RULE 83.11

1. Is this a case that has been previously dismissed?

Yes  
 No

If yes, give the following information:

Court: \_\_\_\_\_

Case No.: \_\_\_\_\_

Judge: \_\_\_\_\_

2. Other than stated above, are there any pending or previously discontinued or dismissed companion cases in this or any other court, including state court? (Companion cases are matters in which it appears substantially similar evidence will be offered or the same or related parties are present and the cases arise out of the same transaction or occurrence.)

Yes  
 No

If yes, give the following information:

Court: \_\_\_\_\_

Case No.: \_\_\_\_\_

Judge: \_\_\_\_\_

Notes :

\_\_\_\_\_

## New Lawsuit Check List

Instructions: Put a check mark in the box next to each appropriate entry to be sure you have all the required documents.

<input checked="" type="checkbox"/>	Two (2) completed Civil Cover Sheets.		
<input checked="" type="checkbox"/>	Enter the number of defendants named in your lawsuit in the blank below, add 2 and then enter the total in the blank.	Case: 2:17-cv-10751 Assigned To : Drain, Gershwin A. Referral Judge: Whalen, R. Steven Assign. Date : 3/8/2017 Description: CMP KIMBROUGH v. CHARTWELLS/COMPASS GROUP USA INC. (SO)	
<input checked="" type="checkbox"/>	# of Defendants <u>5</u> + 2 = <u>1</u> Complaints. <small>Total</small>		
Received by Clerk: <u>AS</u> Addresses are complete: _____			
<input type="checkbox"/>	If any of your defendants are government agencies: Provide two (2) extra copies of the complaint for the U.S. Attorney and the Attorney General.		
<b>If Paying The Filing Fee:</b>		<b>If Asking That The Filing Fee Be Waived:</b>	
<input type="checkbox"/>	Current new civil action filing fee is attached.  Fees may be paid by check or money order made out to:  <i>Clerk, U.S. District Court</i>	<input checked="" type="checkbox"/>	Two (2) completed Application to Proceed in District Court without Prepaying Fees or Costs forms.  Received by Clerk: <u>AS</u>
<b>Select the Method of Service you will employ to notify your defendants:</b>			
<b>Service via Summons by Self</b>	<b>Service by U.S. Marshal</b> (Only available if fee is waived)	<b>Service via Waiver of Summons</b> (U.S. Government cannot be a defendant)	
<input checked="" type="checkbox"/>	Two (2) completed summonses for each defendant including each defendant's name and address.  <small>Received by Clerk: <u>AS</u></small>	<input checked="" type="checkbox"/>	You need not submit any forms regarding the Waiver of Summons to the Clerk.  <u>Once your case has been filed, or the Application to Proceed without Prepaying Fees and Costs has been granted, you will need:</u> <ul style="list-style-type: none"> <li>• One (1) Notice of a Lawsuit and Request to Waive Service of a Summons form per defendant.</li> <li>• Two (2) Waiver of the Service of Summons forms per defendant.</li> </ul> Send these forms along with your filed complaint and a self-addressed stamped envelope to each of your defendants.
<b>Clerk's Office Use Only</b>			

Note any deficiencies here: